

- 6—Epithelioma of Ear. S. J. Gardner.
- 7—Fractured Clavicle. Sterling Bunnell.
- 8—Demonstration of Screw for Treatment of Fractures. James T. Watkins.

**Eye, Ear, Nose and Throat Section, Tuesday, Sept. 26, 1911.**

- 1—Demonstration of a Case of Synchysis Scintillans. Victor F. Lucchetti.
- 2—(a) Report of a Case of Lockjaw Caused by Spasm of the Internal Pterygoid.
- (b) Report of a Case of Acute Mercury Poisoning with Necrosis of Superior Maxillary and an Acute Otitis Media. Adolph Baer.
- 3—Tuberculosis of the Uveal Tract. Edgar W. Alexander.
- 4—On the Paralysis of the Abducens of Otitic Origin. Victor F. Lucchetti.

**Section on Medicine, Sept. 5th, 1911.**

Case Demonstrations by René Bine.

- (a) Polycystic Kidneys.
  - (b) Dislocation of Atlas on Axis Due to Lues.
- (This case report is published in full elsewhere in this issue.

**Polycystic Kidneys.**

I am greatly indebted to my good friend, Dr. Isnardi, who has not only given me the privilege of examining this patient with him, but who has consented to my demonstrating him to this audience.

Polycystic kidneys in the adult are not common. Their pathogenesis is quite obscure. Every writer on diseases of the kidneys devotes pages to its discussion, whether he has ever seen or studied a case or not. The condition may go on for years without giving rise to symptoms. In the terminal, uremic stage, the diagnosis is simple. In intermittent stages the diagnosis is almost obvious, if many cases resemble this one, as is claimed by most writers.

Mr. C. F., age 38, contractor, complained of colicky pain in the abdomen, present to some degree for perhaps twenty years, but much worse for the last two years. Bowels costive. The only other points elicited in the history, after careful questioning, were that there were frequent nose bleeds for years, but for six months none had occurred. In particular, the patient had none other of those symptoms described by Dieulafoy as "petits signes du brightisme."

Examination of the patient showed practically normal chest; blood pressure was normal. Blood, 72%; Hg., 3,500,000 R. B. C.; 10,000 W. B. C.; 62 polys; 3 L. M.; 35 S. L.; O. E. Some poikilocytosis. No plasmodia. Wassermann negative.

The urine examined but once after prolonged palpation, contained a marked trace of albumin. Microscopic examination of the sediment showed many red blood cells.

The abdomen is most interesting and those desirous of examining the patient will note that there are large, firm, reniform masses in the flanks, that can be grasped bimanually as well as ballotted, and their position and mobility leave no doubt that they are enlarged kidneys. Furthermore careful palpation reveals numerous nodules on their surface, which seem less firm than other parts of the mass.

Of further interest will be noted the large liver descending fully one inch in the midclavicular line, but here no nodules are felt. And most interesting of all, very careful examination will note that the splenic edge is just palpable below the costal margin. It is hard to separate from the upper pole of the large left kidney, and for that reason I at first missed it.

Whether the patient has a Banti's disease as a complication is a point to be decided at a later date, as I am seeing the patient to-night only for the third time.

**Clinical Use of Psychotherapy Illustrated by Cases From Private Practice.\***

By CARL RENZ, M. D., San Francisco.

The purpose of this paper is to discuss briefly the nature of psychotherapy, to illustrate its use from personal clinical experience and to give a hint of its value in the work of the general practitioner. I shall, therefore, not give any historical data nor dwell to any great extent upon its psychological aspect, although the latter is a *sine qua non* for the understanding of the phenomena.

Suggestion is of course the integral part of all methods of psychotherapy. Most physicians use suggestion in the treatment of their patients; some do it deliberately, others unconsciously. Hypnotism constitutes but one method of psychotherapy. The increased suggestibility to hetero-suggestion is the fundamental characteristic of the state of hypnosis. As to whether suggestions should be given in the hypnotic or in the wake state, I prefer the hypnotic state as giving better results; and I fully agree with Dr. Bonjour of Lausanne, who said in a recent article in the *Revue Suisse de Medecine*: "Je ne doute pas que ceux qui rechercheront l'hypnose profonde obtiendront des resultats plus excellents et plus durables que ceux qui se contentent d'hypnoses légères ou simplement de la suggestion directe ou indirecte."

With regard to the technique for inducing a hypnotic state, most psychotherapists in course of time work out one of their own, or, at any rate, modify or combine known procedures. In fact, one can hardly adhere to one technique with all patients, or to one technique with the same patient all the time. Personally, I use verbal suggestion without any special apparatus. However, I have seen Bérillon use a tuning fork, and in difficult cases he injects three or four deci milligrams of scopolamin, which he calls "Un veritable medicament psychologique." Farez uses blue light and v. Schrenk-Notzing and others use chloral hydrate in cases which prove refractory to simple verbal suggestion.

About thirty years ago Charcot, at the Salpêtrière, pronounced hypnotism to be a typical hysterical symptom, and he based his opinion upon the fact that all symptoms of hysteria can be elicited in hypnosis. But because we observe hypnotic states in pathological conditions, it does not follow that hypnosis is to be classed with the pathological states when the suggestibility is not abnormal. The Nancy school is opposed to Charcot's view, and the majority of investigators to-day share Bernheim's opinion. Hypnosis is a physiological condition of the nervous system and not a pathological one.

Hypnosis can be induced in almost all normal persons. Of course, the degree of susceptibility varies very much. Gerrish says: "The hardest-headed of us can be reached by a sufficiently frequent and skillful repetition of a suggestion." Many of the most susceptible persons are a priori convinced that they are immune to the influence of suggestion. It is commonly believed that it is easier to hypnotize a person of a low degree of intelligence or weak will power than one of a high degree of intelligence or strong will power. This is an error, for no such relation exists. The truth is that the co-operation of the subject is necessary. He must possess a certain ability to concentrate his attention. If the subject resists hypnosis, particularly during the first attempts, it will be very difficult, if not impossible, to influence that person. Lack of power of concentration is one of the most frequent causes of refractiveness to suggestion. Young children are

\* Read before the San Francisco County Medical Society, September 12, 1911.

difficult to hypnotize; at least, this has been my experience as opposed to that of some others. Nor are cases of developed insanity amenable to suggestion. The explanation is that the co-operation of the subject is necessary, and for this reason he must possess a certain degree of self-control and power of concentration.

It has been claimed that in the normal sleep state suggestibility is increased. This does not seem to me to be the case. When suggestions which have been given during what is apparently normal sleep are realized, I believe that the subject has been aroused into that unstable, semidormant condition which Sidis terms the hypnoidal or subwaking state and which is intermediary between the wake state on the one hand and sleep on the other, or between the wake state on the one hand and hypnosis on the other. In this intermediary or hypnoidal condition the subject is to a high degree amenable to suggestion. I may add that in this state the patient is not unconscious and retains a memory of all that has happened, but the critical faculties are weakened for the time being. Sidis and Moll contend that sleep and hypnosis are not identical, while Bernheim and Forel hold that they are. I agree with the former.

As to whether psychotherapeutic effort should be directed toward so-called functional diseases only, or also toward organic diseases, I am firmly convinced that there cannot be any functional change without structural alterations. We are justified, however, in using the term functional disease in the sense of a disease of which the anatomical substratum has not as yet been discovered. In this connection it is to be noticed that the degree of the morphological deviation from the normal and the degree of the functional disturbance are not commensurate. Experience alone will teach us which diseases are amenable to psychotherapeutic influence. It is my opinion that in making a careful examination of the individual case it is possible to one who has had sufficient experience to determine, with a fair degree of certainty, whether the patient is amenable to suggestion and likely to be benefited, irrespective of the distinction usually drawn between functional and organic diseases. I believe this the more firmly because I have frequently been surprised to see remarkably favorable results in cases in which, a priori, an amelioration of the condition seemed improbable. I would therefore recommend a trial with hypnosis in doubtful cases, as hypnotism in competent hands is absolutely harmless. In addition to the use of psychotherapy in treating neuroses, psycho-neuroses and vasomotoric disturbances, and in regulating intestinal troubles and many other conditions, I recommend its employment in the inhibition of vicious instincts and of automatic habits of children and also in the development of normal qualities which have remained at a standstill.

One has to avoid schematism. There are no definite rules to be followed. It is necessary to consider each case by itself. A readjustment or complete change in the course of the psychotherapeutic treatment has to be made according to exigencies as they arise. Most of the cases I have treated have been ambulatory; comparatively few have required a combination with rest cure. I make it a rule to use psychotherapy only after the patient has undergone a thorough physical and mental examination for the purpose of ascertaining whether the case is one appropriate for the employment of psychotherapy. Then an exact anamnesis and psycho-analysis are necessary. This requires much time and patience. As long as the patient conceals any secrets, the psychic treatment is of little or no avail; and it is therefore important to counteract any intentional or involuntary effort on the part of the patient to conceal anything.

The psycho-analytic method owes its development to the studies of Breuer, Freud and Jung. Psychoses and neuroses are caused, according to their explana-

tion, by emotions which, for some reason or other, have not run their course and have therefore not been properly discharged. They have been suppressed into the unconscious, and, although often unknown to the wake state memory, they affect the mental condition of the subject. This method consists in recalling these forgotten emotional complexes and thus enabling the patient to synthesize them with his conscious state. When the dissociated experiences are reproduced, the patient, instead of suppressing, is able to control the complexes and liberates himself from their bondage. The term "complex" denotes a group of mental processes which relate to experiences connected with a strong "feeling tone," generally of a painful character.

Freud and his school have elaborated on suppressed sexual emotions as the origin of all psychoneuroses. He says: "The pathogenic complexes in the psychoneuroses are always of a sexual nature and whenever the affective process concerned is traced to its origin, this is invariably found to be a sexual one." I do not believe that this is altogether in accord with general experience, although I realize that Freud's conception of sexuality has a broader meaning than ordinarily understood and includes other emotions such as jealousy, for example, which belong to the same category, or, at any rate, are coordinated to the emotion of love.

The "word association method" of Jung is another method of great value in elucidating the cause and origin of pathological conditions. He has demonstrated that the existence of complexes in which a strong feeling is involved can be discovered by means of association experiments. The patient is asked to express rapidly the first word entering his mind in answer to a series of test words called out to him, the time elapsing between the given word and the one called forth (the so-called reaction time) being measured by a stop-watch. By the length of time necessary to bring on the reaction and by the kind of words called forth, a clue is often given, which, when followed up, throws light upon the morbid condition. When the stimulus-word arouses a complex of ideas which have a strong "feeling-tone," the reaction time will be prolonged.

As to any possible danger from psychotherapy, there is none except as the result of an improper technique. Among the innumerable cases which have been treated by competent men there has never, to my knowledge, been any accident. Wetterstrand alone has used hypnotism over sixty thousand times. I myself have used it fourteen thousand to fifteen thousand times, and in that experience I have never noticed any untoward symptoms during or following the treatment. However, laws prohibiting public exhibitions of hypnotism for amusement and entertainment ought to be enacted, as has been done in Germany and in Russia.

Just a word about Christian Science. As a system of therapeutics (strangely enough, from the Christian Science point of view it is not a system of therapeutics at all), it is of course absolutely unscientific; but phenomena do take place in its practice which, here and there, must be called cures. Its practitioners apply it to all diseases (or "errors," as they term diseases) without any inquiry whatsoever, scientific or otherwise, as to whether the case is one to which suggestive therapeutics should be applied; so that when a cure is really effected, which does happen, it is by the merest accident. On the other hand, most of its dangers are obvious. But I would point out one, at least, of the dangers which is not so obvious, and it is this: By the method of suggestion employed (unintentionally, of course), in Christian Science it can happen that some important symptom (as a headache, for instance), can be removed, and this very symptom thus hidden may be the very one to indicate a grave organic lesion. Physicians as a class are more to blame than any other class for the acceptance of Christian Science by so many thousands of people; for physicians

should long ago have recognized psychotherapy as a very important branch of medicine. Therefore, a theoretical and practical course in psychotherapy ought and will, in my opinion, very soon form a part of the curriculum of the medical student.

I shall now illustrate the subject by a few cases selected from my records.

The following case of insomnia is a paradigm of many others which have come under my observation:

Young man of good education. Family and personal history unimportant. Always more or less introspective and self-centered. Physically in best condition. About two years ago he had a period of sleeplessness of several weeks, which finally yielded to medication. This period of insomnia did not apparently make any impression on him, but another period of wakefulness came on and worried him considerably. He noticed that whenever he had one wakeful night he could not sleep the next night without taking veronal. Psycho-analysis elicited the fact that he had heard and read about cases of insomnia becoming insane and that he was afraid of this happening in his case. The auto-suggestion formed a habit of not sleeping and his insomnia was a consequence of the emotional state of fear. He was obsessed with this fear. He had experienced bad nights and he anticipated that the coming night would be like the previous ones. He kept thinking of the possible danger, with the result that he failed to sleep in spite of his trying. Simple explanation and persuasion in the wake state were not sufficient to ameliorate the condition; but in the hypnoidal state it promptly yielded and he was cured.

The following case of insomnia is not based on a psychic state of fear, like the preceding case, but on some organic sensation forming the habit of awakening at a certain time each night and remaining awake, especially at times when the patient was physically and mentally in a poor condition.

School teacher, single, troubled with wakefulness for years. She would wake between 2 and 3 a. m., but would go to sleep again. Later, especially under great stress and worry of school work and family differences, she became unable to go to sleep again and suffered greatly under the condition. Suggestion that she would not awake any more until it was time to get up was of no avail.

Finally repeated inquiries into the possible cause of her awakening revealed the fact that it was the desire to urinate which awoke her. The urine was normal, so were the urethra, bladder and sex organs. It was an auto-suggestion, a habit formed probably after the period when there was, in fact, an objective cause for awakening.

Having ascertained this I changed the suggestion and explained to her in the hypnoidal state that there was no organic condition which necessitated micturition during the night, that she simply had formed a habit, and that her trouble was purely psychogenic. After a few treatments, instead of awakening between 2 and 3 a. m., she awoke between 4 and 5 and finally regularly at 6 o'clock, the stipulated time. She has improved greatly since.

In a number of other patients in whom more or less severe wakefulness was only one of many symptoms complained of, the insomnia yielded when the other symptoms were ameliorated by suggestion.

The following cases illustrate the value of psychotherapy in alcoholism:

Married man of 44. Intelligent. In responsible position. Mother alcoholic. Tuberculosis in family. Drank periodically all his life. About every two months he would go on a spree lasting several weeks, during which he concealed his whereabouts. He was generally found and taken home by friends. He was never sober longer than three months. Was at different times in sanatoria for liquor cures.

I first saw him at the end of a debauch into which he had launched three days after being dismissed

"cured" from a sanatorium. I induced a deep hypnotic state and treated him ambulatory for a few weeks, at first daily, then at longer intervals. For one year and a half he did not touch liquor and had no craving for it. During my absence from the city he had an attack of influenza and was treated by another physician, whom he warned not to prescribe any medicine containing alcohol. Unfortunately, he was given picon-amère, which brought on at once a craving which led to a prolonged spree. At this time I was in New York, and his family communicated with me. I telegraphed that he should, at a certain hour of a certain day, lie down in a darkened room and have an attendant with him, that he would within ten minutes go to sleep and awake exactly after forty-five minutes, that after this the craving would be gone. This is called "suggestion à l'échéance," and is simply a variety of post-hypnotic phenomena. The result was, as I expected, a good one. Since that time, one year and a half ago, he has been well.

Married woman of 28; family history not important. First menses at 13, always painful. Was advised to take gin to ameliorate the pains. At first the liquor was taken only during the catamenia, later more frequently and in larger doses to produce sleep. For four years she drank one-half liter of gin a day and other liquors besides. She had a decided craving. Different treatments were tried, pledges were taken, daily reports to the priest were made, all of no avail. The longest period during which she was not under the influence of liquor was three days. Two days before I was consulted she had taken one-half liter of gin and one liter of sherry. She complained of insomnia and headache. She has a slight systolic murmur over tricuspidalis; uterus in dextra-position, strongly anteverted; left parametrium normal; right ovary enlarged and sensitive to the touch; passes 4000 cc. of normal light colored urine of low specific gravity.

I treated her (ambulatory) in deep hypnosis. First the craving was eliminated and it has not reappeared in ten months. Later, I suggested sleep, appetite and painless menstruation with good results, reserving local treatment for a future date. She gained ten pound in two months and is decidedly improved. First I treated her daily, then at longer intervals, and now she is supposed to see me once a month.

The next case is probably one of hysteria with gastric disturbances as the most prominent symptoms.

Physician's wife; age 35; two para; weight 150 pounds when well; began to complain of gastric pains after eating. She was treated for ulcer ventriculi, placed on a diet, and had a long rest cure. Then she was sent on a voyage. All without avail. later she was curetted and then castrated, without benefit. Carcinoma of the stomach was suspected. She could retain only ice cold milk. When her husband finally decided to try, as a last resort, psychotherapy, she weighed 80 pounds. She was susceptible to hypnosis and responded at once to the treatment. She gained 72 pounds in six months, and has remained well since then. That was fourteen years ago.

The following is a case of Singultus Gastricus Nervosus (hiccough):

Unmarried woman about 40. At the time I saw her she had been under treatment for hiccough for several months. The patient vomited, she was emaciated, and the singultus was almost continuous. Subcutaneous injections of morphin gave but little relief. Epigastrium extremely sensitive. A physical examination including a stomach analysis was at that time negative and a diagnosis of a neurotic condition of the stomach was made. I do not know whether there had been originally a physical cause for the trouble, or whether the patient, after the process had subsided, had simply retained the habit of singultus. At any rate the patient, who was very

suggestible, was relieved at once and cured shortly after.

The following case of stage fright is interesting for the reason that it demonstrates the value of the psycho-analytical method of Freud; on the other hand, it also demonstrates that, although there was a sexual trauma, the pathological condition was not caused by it but by another subconscious complex.

Married woman of 27, in perfect physical condition. Was accustomed to sing in public from childhood without any morbid fears until the age of 14, when, while singing at church, she was suddenly seized by a phobia. Whenever she tried thereafter to appear in public, it was under a great strain of self-consciousness and fear. When she had an engagement to sing, she would wake up in the night with palpitation of the heart, worrying about the singing. She concluded to give up her career rather than bear these tormenting states of fear. I determined to resort to psychoanalytical investigation during hypnosis to ascertain, if possible, the cause of her deficiency. She related that she had had a sexual trauma at about the same time when her trouble began, but as the synthesis of this incident did not, to my surprise, ameliorate the condition, I was naturally disappointed, as I was at that time strongly influenced by the Freudian doctrine. I made another psycho-analysis in the hypnotic state, as follows:

"Q. You say that you never had any trouble in singing until you were 14 years old?"

"A. No, I never had until that time at church."

"Q. How was that? Try to think and to recollect everything pertaining to that time."

"A. Yes, I sang in church, I was about 14 years old." . . . Here she became very restless; her respiration was heavy and labored, and the expression of her face showed signs of fear and horror, and she said: "Oh! that horrible face! Oh, I am so frightened!"

"Q. Why, what is the matter with the face?"

"A. It's a woman's face full of scars."

I then told her that this face was probably disfigured by burns, and that, instead of arousing fear and horror, the poor woman deserved her sympathy. I explained to her that this incident produced an emotional shock at that time, that she now realizes the mistake and thoroughly understands the circumstances, and that she would now, after awakening, remember them in her wake state and be entirely free from embarrassment and self-consciousness. The recovery was complete.

This was a case of a well-defined, organized and systematized complex lying dormant for many years. She had forgotten the scene, or at any rate had dissociated the incident from its pathogenic connection. It had a disastrous effect upon the patient until brought forth to the surface of consciousness by means of psycho-analysis in the hypnotic state. The patient in her wake state had not been cognizant of the incident, and this complex did not assimilate with the stream of her consciousness and therefore could not be resorbed, and it persisted as an entity, foreign and irritating to her consciousness.

The following case of Psychasthenia consulted me for constipation, dull pressure in head and lack of power of concentration:

Man 40 years old, single. No mental or nervous diseases in family. Was a teacher of Latin and Greek languages and was possessed of literary talent. Appetite and sleep good; complained of constipation, although having one-two evacuations daily. Never indulged in alcohol or tobacco. Sexually totally abstemious. Considers himself impotent and has for this reason not married. Admits libido and erections as well as natural emissions twice a month on an average. Had never spoken on sexual matters, even to his physicians. Has no headache but complains of a dull, heavy pressure in his head and lack of power of concentration. He is irritable and very

sensitive to noises; has many phobias, particularly claustrophobia; also has manifold obsessive ideas; cannot urinate in presence of others; is very timid and bashful in spite of his athletic appearance. He is fully convinced that all of his peculiarities and troubles, particularly the sexual impotence which he imagines, is solely due to the imperfect evacuation of his intestines. For this reason he has lived for twenty years on a self-prescribed diet and has strictly avoided milk, potatoes, dark bread, cheese and fruit, believing that these foodstuffs were contraindicated in his case. His physical status is as follows: Height, 6 feet 2 inches; weight, 176 pounds; eyes unsteady; bearing awkward and timid; tongue coated, foetor ex ore; all organs perfectly normal, including the genitals.

He could not be convinced by plain logic that he was at fault in regard to his mode of living, his diet, etc. Explanations, persuasion, and all forms of psychotherapy had been tried before without avail. I used hypnosis with very happy results and in six weeks the patient gained 16½ pounds. He has daily satisfactory movements of his bowels; his head feels free, and he is able to work with concentration.

In taking the anamnesis I had difficulty in approaching sexual matters and it was only with great reluctance that he gave any information in relation to his vita sexualis. This had never been tried before, as he told me, and I attribute at least a part of the benefit he derived to the candid discussion of this important matter, which had been consciously or unconsciously repressed so long.

In conclusion, I would say that the limits of this paper prevent my presenting numerous other cases in which equally good results were obtained. On the other hand, I could also relate many cases in which the results have been disappointing. Psychotherapy is not a panacea.

#### Discussion.

Dr. H. D'Arcy Power, San Francisco: Some twenty years ago when the work of Charcot was in full swing, I was living near one of his assistants, Dr. André, so had a pretty close view of hypnotism and saw a great many cases. I think as Dr. Renz said that there is absolutely no danger or any great difficulties connected with this work except to the physician. He is the one most in danger because where you have a sprinkling of successes in hypnotism there are ten failures to every success, and there are but few men who can afford to have these failures. On the other hand, at times there will be success when nothing else in the world has been of value. For example, I had a case in one of the London hospitals of the most pronounced tetany. The patient had been having five or six spasms a day. For three years she had had the benefit of the best neurologic talent and had become a show case. At my request the patient was hypnotized, and it was suggested that the muscular contraction would and had disappeared, and this resulted in complete relaxation of the muscles; the hypnosis was repeated in twenty-four hours and the period prolonged; it was put off again for forty-eight hours, then a week, then a month, when it was suggested to the patient that she would have no more attacks, and, in fact, she was cured with the exception of one attack which she had at a later period. This case was very susceptible to hypnotic suggestion, and when I left I put directions for her care in the hands of my successor in case she should have a spell and there would not be any one to take care of her in the right way. I told him how I hypnotized her, so he could give her assistance if necessary. Six or seven months later a letter from him stated that the other day the patient had sent for him in a drug store where he found her in a spasm, that he had put her through the hocus pocus I had shown him and that since then she has had no more attacks.

Dr. Julius Rosenstirn, San Francisco: If I might say a word, I would sound a note of warning that

this enthusiasm for psychotherapeutics should not extend too far and lead its disciples to discredit other branches of our science. One of the readers to-night quoted from a paper of a well-known local physician a caution to surgeons that many of their operations were necessarily done on patients whose diseases might be very easily remedied by hypnosis. I might mention many cases were I so inclined where valuable time was lost in trying to remedy with psychotherapeutic and similar measures, pathological conditions like exploded appendices, malignant bone diseases, and others which call for surgical aid, and were in all instances justified by operation. I only wish, though, to draw the attention of the devotees of this branch of medicine, which is a very excellent, useful and interesting branch, not to make the usual mistake of fanatic neophytes in condemning everything else and trying to apply their method to all cases to which their attention is called.

Dr. H. C. McClenahan, San Francisco: The subject of psychotherapy is such an extensive one and permits of such varied fields of discussion that I feel a hesitancy to approach it. I did not hear all of Dr. Renz's paper so am not in a position to discuss it in detail; however, the subject is an inviting and interesting one to me. It strikes me that the question is being rather departmentally dealt with to-night, being confined especially to the field of hypnotism. I think the subject of psychotherapy is especially interesting from the evolutionary standpoint. The question has occupied the stage of modern medicine more or less sporadically for the past twenty-five or thirty years, beginning with the time of the subconscious and unconscious and its reflections on the conscious mind, as promulgated by the French school, principally under the direction of Charcot, Nancy and Magnin. They offered hypnotism as a remedial agent, but we recognize its limitations and failures to produce the results that its former advocates held out to us. Next should possibly come the fatigue or exhaustion theory advocated by Beard, and based upon this was conceived and planned the rest cure of Mitchell, which fails to entirely meet the requirements in many cases. Though in modified form it is still one of our most potent agents for good, next should probably come the so-called imaginary or suggestion idea or auto-suggestion, based upon which Paul Dubois promulgated his rational suasion treatment. This has secured excellent results in many cases, too. I might next, though blushing, mention that vagary referred to to-night, Christian Science, only to say that it was conceived in superficiality, nurtured in ignorance, and applied with stupidity of hypocrisy. Next probably would come the recent agitating phase of this question known as the Emmanuel Movement advanced by one Rev. Mr. Worcester of Massachusetts, a sort of medico-clerical co-operative aid association or double-barreled method in which a physician looked after the physical, while the mental was attended to by a minister. Rather excellent in its conception but short-sighted in its application, as it entailed a divided responsibility, thus sacrificing in a great measure confidence, which is such an essential factor. And lastly we must call attention to the psycho-analysis of Freud, whose sexual traumas, buried complexes, suppressions and displacements are given the etiological role—and there uncovered, replaced and relieved by having a patient recall them by linking of events and giving verbal expression to his thoughts as they stray uncontrolled back to the times when possibly the boy fondled his privates, or the girl accidentally witnessed her father's genitals in the bathtub. Some of his enthusiastic adherents attribute a sexual relation in the nursing of a baby boy at the mother's breast, and that the thumb-sucking habit of a nervous child is a form of masturbation. To what are we to attribute all these different views of etiology and different and contradictory ideas of treatment?

Most certainly, to my mind, just the same as we do in other disorders whose etiology and pathology are not understood—or when understood we are powerless to correct or repair the defect. And this takes us squarely back to the ancient conception of the two life propositions, viz.: physical, somatic or internal, and the mental objective or external—or to put it in another way, the organism itself and the environment of the organism with their action, interaction and reactions one upon the other and vice versa. And now we are confronted with what to my mind is the keynote to the entire situation, and that is correct diagnosis, following which the treatment is applied just as in any other disorder, i. e., to the relief of the causative factor. In diagnosis we must first ascertain the condition of the organism itself. Secondly, we must determine the ability of that organism to cope with its environment. The first needs no further mention. The second must take into consideration the personal equation and necessitates discrimination and valuation of environmental factors. When we realize that most of these disturbances are the result of the ineffectual efforts of an hereditary or acquired unstable nervous organization to cope with its environment; to correctly estimate and value conditions and surroundings; to appreciate reactions and attitudes, then and not till then do I believe we are in a position to attempt the application of remedial or corrective agents, be they hypnotism, suggestion, rational suasion, catharsis, psycho-analysis or any other form of psychotherapy.

Professor Pfeiffer of Halle, Germany: On account of my knowledge of the language it was rather difficult to follow these papers and discussions. I was very interested to hear that Dr. Renz and Dr. Richardson have obtained such good results by using Freud's method of hypnotism. I have had no experience along these lines. I am especially interested in mental diseases and organic nervous diseases. In Germany we treat our functional nervous diseases not by hypnotism. Some years ago hypnotism was much more common in the German universities and it is certain that hypnotism has many dangers. Dr. Nonne used hypnotism formerly, but in most German universities neither hypnotism nor suggestion is used. As Freud's method has not been used at all in the German universities. Last year in Berlin at a meeting of the Neurological Society I heard this question discussed and for the most part this method was refused because it was considered dangerous.

Dr. Victor Veckl, San Francisco: I have tried hypnotism a number of times, but I have never succeeded in hypnotizing anybody. About thirty years ago I witnessed Urbantschich of Vienna hypnotize several hysterical subjects whom he had brought to a meeting of the Polyclinic, and I have seen the former assistant of Bamberger in Vienna, Dr. Kanders, hypnotize many subjects. I have tried to do this very often. I have bought all kinds of apparatus, things that whirl around before the eyes of the patient, but I never succeeded. I have been advocating suggestion in the waking state for many years, and with sexual neurasthenics you cannot get along unless you use suggestion. The last case I tried to hypnotize was an old Spanish lady who was really hysterical, and so I thought she was a fine subject. I got her to come to the office and made up my mind that I would get along without any of the apparatus and would just use my eyes. I began to stare at her, she glared at me, and soon I felt as if I were going to be hypnotized, and then I quit.

Dr. Jas. T. Watkins, San Francisco: I should like to ask Dr. Renz what has been his experience with suggestion in attempting the abolition of sensation for surgical purposes. My first observation of methods of suggestion had been in 1892 when I saw my professor of neurology, M. Allen Starr, hypnotize a girl who had apparently a perfectly

awful limp. Dr. Starr hypnotized her before the class, and at his suggestion she immediately strutted around like a drum major. Manifestly her limp was a mental affair. In 1906 I was house surgeon to St. Francis Hospital, New York, and assistant to Dr. Geo. M. Edebohls. One of our patients who needed an operation could not take an anesthetic because of the presence of a double heart lesion. Dr. Edebohls remarked that she was a proper case for hypnotism and asked if any one of us assistants could induce it. I said I would, so I went to see Dr. Starr and borrowed from him Hertor's translation of Bernheim's book. I read this and then practiced his technic upon some of the ward patients. I recall that I was uniformly successful in producing hypnotic sleep. I remember doing it with one woman who had had a double amputation of the breast, and a man with a tuberculous hip joint. While he was asleep I could move his leg every way without distressing him. I hypnotized Dr. Edebohls's patient once or twice prior to the operation. Then under hypnosis, a curettage, an amputation of the cervix and Alexander's shortening of the round ligaments were performed. Upon coming out of the hypnotic state she complained of no particular discomfort. As it has no direct bearing upon orthopedic surgery, I have not occupied myself with psycho-therapy of late years.

Dr. René Bine, San Francisco: I wish to ask Dr. Renz one question. I understood him to say that he did not use suggestion during sleep, am I correct?

Dr. Carl Renz, San Francisco: In answer to Dr. Bine's question as to whether suggestion can be given during natural sleep, I refer to what I said in my paper.

Dr. Watkins asks for information in regard to the value of hypnosis as an anesthetic in capital operations. I never had the opportunity of trying it in capital operations, but have had good results in curettages and also in dental work. The literature enumerates many capital operations performed under hypnosis. An English surgeon, James Esdaile, in the middle of the last century made 261 capital operations under hypnosis with only 5½% deaths, and this in pre-aseptic times.

It has been mentioned to-night that hypnosis can be employed to affect the circulation. It certainly can and there is no doubt as to its possible influence upon the vasomotoric center. Local anaemia and hyperaemia through suggestion have been frequently demonstrated; menses have been postponed or brought on sooner ad libitum; menorrhagiae have been checked, etc.

In answer to the remarks of Dr. Pfeiffer, I want to say that although it is possibly true that the German universities do not take an active part in psycho-therapy, nevertheless, some of the best work done in this line is done in Germany, Austria and Switzerland by university professors, and the books written by them are among the best.

The question of possible danger I have discussed. In regard to the assumption that patients lose their independence and rely entirely upon the physician, I claim that this is not the case if one uses the proper technic, and by proper technic in this connection I mean the careful avoidance of any untoward post-hypnotic auto—or hetero—suggestions, by positively affirming to the patient that there will be no feeling of dependence upon the physician, and that furthermore the will power will be strengthened, the self-confidence increased, etc. I make it a rule to suggest emphatically, before awakening the patient, that there will be no headache nor dizziness, that the patient will feel well and cheerful and that, whatever degree of suggestibility the patient may attain during my treatment, he cannot be influenced by anybody else without his own consent.

The matter of failures has come up this evening. Of course I have had failures and disappointments, but what other branch of therapy can boast of de-

sired results in all cases? I emphasized in my paper that psychotherapy is not a panacea.

Dr. Worcester's name has been mentioned rather disparagingly to-night. I want to say that he and his co-workers deserve credit for what they have done. The Emmanuel movement has done a great deal of good, and was, moreover, instrumental in calling the attention of the medical profession to psychotherapy. I do not want to be misunderstood, however, as I do not believe that a minister of the gospel is eo ipso a psychotherapist, unless he be a competent physician. My reason for this is that many suggestions given pertain to the regulation of physiological functions, such as circulation, nutrition, secretion, excretion, digestion, etc., which certainly are only understood by the physician. Furthermore, during the psychotherapeutic treatment of the patient, unforeseen changes in conditions may occur which require medical judgment.

#### Section on Surgery, Sept. 19, 1911. Presentation of Cases.\*

By EMMET RIXFORD, M. D., San Francisco.

**Resection of Shoulder Joint.** Dr. Rixford presented photographs of a patient eight years after resection of both shoulder joints for tuberculosis. Both operations were done through anterior incisions and the head of the bone was completely removed in each instance. On the left side active flexion was little short of normal so that patient could without assistance lift the left arm high above the head. The right arm could be extended to within about 10° of the horizontal. Passively both shoulders could be extended almost to the normal degree.

**Left-Sided Colon.** Dr. Rixford described a case of failure of the primary gut to rotate, as found on the operating table. Operation was performed for volvulus of the cecum occurring several days after removal of a large uterine myoma. Obstructive symptoms were not complete so that operation was delayed. When finally the abdomen was reopened, the cecum was found to have been so damaged as to require removal. In attempting to unite the small bowel to the ascending colon no loop of large bowel could be found in the usual site of the ascending colon. This area was filled with the small intestine; ascending colon lay in the pelvis and rose on the left side of the small intestine toward the splenic flexure. A number of such cases have been reported in the literature but invariably found at autopsy. The condition is probably more common than statistics based on autopsy findings would indicate because the condition is not in any way incompatible with life. The condition may be readily understood if one considers that the duodenum progresses into the small intestine without passing beneath the colon; it therefore is exposed throughout its whole extent. This anomaly has been explained on the hypothesis of adhesions of the cecum or the more movable parts of the large gut low down in the abdomen, such adhesions being possibly the result of a fatal peritonitis. In some cases such adhesions have been demonstrated. In the present instance no such adhesions were found at the time of the myomectomy. Such adhesions would have the effect of preventing ascent of the large bowel by which it crosses over the duodenum, to become attached to the posterior peritoneum over the right kidney. The accompanying photographs are taken from the thesis of Stieda illustrating this condition as found in the dissecting room.

**Carcinoma of the Pylorus.** Dr. Rixford then presented a patient, age 78, whose pylorus he had excised for carcinoma in Feb., 1905. The case was presented as an example of the more favorable prognosis in carcinoma of the pylorus in those cases in which obstructive symptoms occur early. In this

\* Presented before the Section on Surgery of the San Francisco County Medical Society, Sept. 19th, 1911.